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On

Feb. 27, 2001

TOWNSEND and TOWNSEND and CREW LLP

By:

Paul Paul Hurl



Attorney Docket No.: 16994-012710US
Client Reference No.: 00180-US-01

PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Johannes B.M.M. van Bree

Application No.: 09/454,711

Filed: December 6, 1999

For: TREATMENT OF POMPE'S
DISEASE

Examiner: F. Prats

Art Unit: 1651

RESPONSE TO RESTRICTION
REQUIREMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the restriction Requirement mailed February 1, 2001, applicants elect group I without traverse.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 650-326-2400.

Respectfully submitted,

J. Liebeschuetz

Joe Liebeschuetz
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GAU 1651

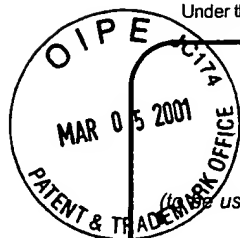
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TRANSMITTAL FORM

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TRANSMITTAL FORM (Use this form for all correspondence after initial filing)	Application Number	09/454,711	
	Filing Date	December 6, 1999	
	First Named Inventor	van Bree, Johannes B.M.M.	
	Group Art Unit	1651	
	Examiner Name	F. Prats	
Total Number of Pages in This Submission	1	Attorney Docket Number	16994012710

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Restriction Requirement Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Joe Liebeschuetz	Reg No. 37,505
Signature	<i>J. Liebeschuetz</i>	
Date	Feb 27, 2001	

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Signature	<i>Paula Faulk Hurley</i>
Date	Feb 27, 2001

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